Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number:

Filing at a Glance

Companies: QBE Insurance Corporation, Praetorian Insurance Company, Redland Insurance Company

Product Name: GL Endorsement - EPL SERFF Tr Num: QBEC-125692365 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$100

Sub-TOI: 17.1010 Employment Practices Co Tr Num: 08-170-003-GL-AR-R State Status: Fees verified and

Liability received

Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Edith

Roberts

Authors: Virginia Putzu, Disposition Date: 10/21/2008

Christopher Montemurro

Date Submitted: 08/05/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized

Project Number: Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 10/21/2008

State Status Changed: 08/12/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

QBE is proposing to introduce Employment Practices Liability Insurance coverage. We anticipate an increasing demand for this product as employers realize the need to protect themselves against employee-based lawsuits such as discrimination, wrongful termination and sexual harassment. We feel we can better meet our customers' insurance needs by having EPL available as part of their property and casualty coverage.

This optional coverage will be added to policies with General Liability coverage, including our Business Owners and

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number:

Commercial Package policies. Since this is our initial offering of this product, the proposed rates and rules reflect our research and are our best evaluation of the EPL climate. We will monitor our book's performance as we develop our own experience to ensure that our product remains competitive and profitable.

Our portfolio program is designed to cover businesses with 50 or fewer employees, while our referral program is designed to cover businesses with 51-250 employees.

Coverage and Program Highlights

- 1) Program combines broad coverage, loss prevention website and specialized EPL claims handling and legal representation.
- 2) Broad Definition of Insured includes business entities, partnerships, owners, partners, and employees, whether full-time, part-time, seasonal or temporary.
- 3) Broad Definition of Claim includes written demands for money, federal, state or local administrative complaints.
- 4) Broad Definition of Wrongful Employment Act includes discrimination, harassment, including sexual harassment, wrongful termination, employment-related misrepresentation, employment-related libel, slander, mental anguish, wrongful failure to promote, wrongful discipline, negligent supervision or hiring, retaliation, violation of civil rights.
- 5) Broad Definition of loss includes front pay, back pay, judgments, settlements, pre- and post-judgment interest, statutory attorney fees, and defense costs.
- 6) Claims-made and reported, Duty to Defend coverage

Company and Contact

Filing Contact Information

Christopher Montemurro, Compliance/Product Christopher.Montemurro@QBEAQmericas.com

Development Analyst

88 Pine Street, 4th Floor (212) 497-9642 [Phone] New York, NY 10005 (212) 894-7821[FAX]

Filing Company Information

QBE Insurance Corporation CoCode: 39217 State of Domicile: Pennsylvania

88 Pine Street - 16th Floor Group Code: 796 Company Type:
New York, NY 10005 Group Name: QBE Insurance State ID Number:

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number:

Group

(212) 422-9888 ext. [Phone] FEIN Number: 22-2311816

Praetorian Insurance Company CoCode: 37257 State of Domicile: Illinois

88 Pine Street - 16th Floor Group Code: 796 Company Type:
New York , NY 10005 Group Name: QBE Insurance State ID Number:

Group

(212) 422-9888 ext. [Phone] FEIN Number: 36-3030511

Redland Insurance Company CoCode: 37303 State of Domicile: New Jersey

88 Pine Street - 16th Floor Group Code: 796 Company Type:
New York , NY 10005 Group Name: QBE Insurance State ID Number:

Group

(212) 422-9888 ext. [Phone] FEIN Number: 42-1113749

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number: /

Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: \$100.00 - Initial filing of Rates & Rules.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

QBE Insurance Corporation \$100.00 08/05/2008 21789868

Praetorian Insurance Company \$0.00 08/05/2008 Redland Insurance Company \$0.00 08/05/2008

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number:

Correspondence Summary

Dispositions

Status Created By Created On Date Submitted

Approved Edith Roberts 10/21/2008 10/21/2008

Objection Letters and Response Letters

Objection Letters Response Letters

Status Created By Created On Date Submitted Responded By Created On Date Submitted

Pending Edith Roberts 08/12/2008 08/12/2008 Christopher 10/17/2008 10/17/2008

Industry Montemurro

Response

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number: /

Disposition

Disposition Date: 10/21/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Casualty transmittal Statement	Approved	Yes
Rate (revised)	QBE SPECIALTY INSURANCE EMPLOYMENT PRACTICES LIABLITY EXCEPTION - Arksansas	Approved	Yes
Rate	QBE SPECIALTY INSURANCE EMPLOYMENT PRACTICES LIABLITY EXCEPTION	Approved	Yes
Rate	QBE SPECIALTY INSURANCE EMPLOYMENT PRACTICES LIABILITY STATE EXCEPTION - ARKANSAS	Approved	Yes

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/12/2008 Submitted Date 08/12/2008

Respond By Date

Dear Christopher Montemurro,

This will acknowledge receipt of the captioned filing.

Please refer to my objection letter regarding the companion form filing # QBEC-125692364. I cannot approve this rate/rule filing until brough into compliance with AID Order #96-194 regarding defense within the limits of liability. These rules contain limits lower than the \$500,000 minimum and the forms are written with defense within the limit of liability.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State

Response Letter Date 10/17/2008 Submitted Date 10/17/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Ms. Roberts,

Attached please find Arkansas specific Manual pages, which now reflect the \$500,000 and \$1,000,000 coverage limits.

In addition, - I bring this filing into compliance by attachment of an Arkansas State Exception page. This state exception page correctly lists the percentage of the full annual premium applicable to buy the Extended Reporting Period Elected endorsement. This amount is now reflected to show as 150%, in lieu of 100%.

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number:

If you have any other concerns, please advise.

Thank you

Christopher Montemurro

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name Rule # or Page # Rate Action Previous State Filing #

QBE SPECIALTY GL-EEPL-AR-1 THROUGH 4 New

INSURANCE EMPLOYMENT

PRACTICES LIABLITY

EXCEPTION - Arksansas

Previous Version

QBE SPECIALTY GL-EEPL-I THROUGH 5 New

INSURANCE EMPLOYMENT

PRACTICES LIABLITY

EXCEPTION

QBE SPECIALTY GL-EEPL-AR-1A New

INSURANCE EMPLOYMENT

PRACTICES LIABILITY

STATE EXCEPTION -

ARKANSAS

Sincerely,

Christopher Montemurro, Virginia Putzu

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number:

Rate/Rule Schedule

Review Status	: Exhibit Name:	Rule # or Page Rate Action #:	Previous State Filing Attachments Number:
Approved	QBE SPECIALTY INSURANCE EMPLOYMENT PRACTICES LIABLITY EXCEPTION - Arksansas	GL-EEPL-AR-1 New THROUGH 4	GL-EEPL-AR-1 _Ed. 09-08 Implementation.pdf
Approved	QBE SPECIALTY INSURANCE EMPLOYMENT PRACTICES LIABILITY STATE EXCEPTION - ARKANSAS	GL-EEPL-AR-1ANew	GL-EEPL-AR-1A _Ed. 10-08 Implementation.pdf



EXCEPTION – DIVISION SIX – GENERAL LIABILITY INSURANCE SERVICES OFFICE

COMPANY EXCEPTION

The following optional coverage is available with General Liability Coverage on a package or monoline basis:

Employment Practices Liability Insurance Coverage

a. Description of Coverage

(See Coverage Form for exact description, limitations)

This claims made Coverage provides coverage for Employment Practices Liability Insurance (EPL) caused by a "wrongful act."

"Wrongful Act" means any actual or alleged:

- 1. wrongful dismissal, discharge or termination, including breach of an implied contract;
- 2. harassment (including sexual harassment);
- 3. discrimination;
- 4. "retaliation":
- employment-related misrepresentation(s);
- **6.** employment-related libel, slander, humiliation, mental anguish, infliction of emotional distress, defamation, or invasion of privacy;
- **7.** wrongful failure to employ or promote;
- **8.** wrongful deprivation of career opportunity, wrongful demotion or negligent "employee" evaluation, including the giving of negative or defamatory statements in connection with an "employee" reference:
- 9. wrongful discipline;
- **10.** failure to grant tenure;
- **11.** failure to provide or enforce adequate or consistent corporate policies and procedures relating to any "wrongful employment act";
- 12. negligent supervision or hiring by an "insured"; and
- **13.** violation of an individual's civil rights.

See the EPL Coverage Endorsement, QBCG-0348, for a more detailed definition of "wrongful act".



EXCEPTION – DIVISION SIX – GENERAL LIABILITY INSURANCE SERVICES OFFICE

b. Eligibility

Individual insureds are eligible if:

- 1. They employ 250 employees or fewer
- 2. They are in eligible classifications; and
- 3. They are in an acceptable state.

Most policies will be eligible for this coverage.

Ineligibility

Individual insureds are not eligible if:

- 1. They employ more than 250 employees; or
- **2.** They are in one of the following classes:
 - a.) Legal Services, attorney/law offices;
 - b.) Employee Leasing Firms/Temporary Help Firms;
 - c.) Membership Recreation Clubs, Golf and Country Clubs;
 - d.) Municipalities & government entities, including townships, police & firefighters;
 - e.) Educational Services, schools & colleges

c. Coverage Limits

<u>REFERRAL COVERAGE</u>: Aggregate Limits of Liability of \$500,000 and \$1,000,000 for insureds with 250 employees or less. Limits are for all losses combined, including defense costs.

d. Deductible

REFERRAL COVERAGE: Deductible options of \$5,000, \$10,000, \$25,000, and \$50,000.



EXCEPTION – DIVISION SIX – GENERAL LIABILITY INSURANCE SERVICES OFFICE

e. Premium Determination

REFERRAL COVERAGE

Refer to company for any insured with 250 employees or less requesting a quote for limits of \$500,000 or \$1,000,000.

Refer to company for any insured requesting a backdating of the original inception (retroactive) date by more than three years. (See rule below "Warranty and Representation Statement". For backdating of the original inception (retroactive) date by less than three years, refer to the Underwriting Guidelines.

This premium is not subject to further modification by the application of any other factors, including but not limited to, company deviations, IRPM factors, or expense modifications.

f. Applicable Forms

Attach the following forms to all policies:

- QBCG-0348 Employment Practices Liability Coverage Endorsement
- QBCG DS 26 Employment Practices Liability Insurance Coverage Endorsement Supplemental Declarations

g. Extended Reporting Period Elected

If the event of cancellation or nonrenewal, the Named Insured has the right, upon payment of an additional premium of 100% of the full annual premium applicable to this coverage, to buy the Extended Reporting Period Elected endorsement, **QBCG-0349**, which provides an extended reporting period of one (1) year following the effective date of cancellation or nonrenewal, to report claims which occurred on or after the original inception date and on or before the date of cancellation or nonrenewal.



EXCEPTION – DIVISION SIX – GENERAL LIABILITY INSURANCE SERVICES OFFICE

h. Third Party EPL Coverage

Optional coverage for allegations brought by customers, clients or vendors may be purchased for an additional premium. The additional premium will range from 15% - 30% of the EPL premium depending on the class code. (Reference table below) Attach form **QBCG-0350**.

SIC Code	Additional Premium
0100 – 1522	15%
1540 – 3999	
5000 - 5199	
7370 – 7379	
7800 – 7829	
1530,1531	30%
4000 – 4984	
5200 - 5999	
6000 - 6999	
7000 – 7369	
7380 – 7699	
7830 – 8699	
8700 – 9999	



EXCEPTION – DIVISION SIX – GENERAL LIABILITY INSURANCE SERVICES OFFICE

STATE EXCEPTION

Employment Practices Liability Insurance

Rule g. Extended Reporting Period Elected is deleted in its' entirety and replaced with the following:

g. Extended Reporting Period Elected

If the event of cancellation or nonrenewal, the Named Insured has the right, upon payment of an additional premium of 150% of the full annual premium applicable to this coverage, to buy the Extended Reporting Period Elected endorsement, **QBCG-0349**, which provides an extended reporting period of one (1) year following the effective date of cancellation or nonrenewal, to report claims which occurred on or after the original inception date and on or before the date of cancellation or nonrenewal.

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: Casualty transmittal Statement Approved 10/21/2008

Comments: Attachment:

08-170-003-GL-AR-R.pdf

Property & Casualty Transmittal Document

1	Reserved for Insurance	2. In:	sura	nce De	partment	Use only	,		
1.	Dept. Use Only	***************************************		e the filing is received:					
	=-B	b. Ana							
c. Disp								,	
			<u>. </u>		· (41	Cition			
				<u>'</u>	tion of the	filing:			
		e. Effe		e date c					
				lew Bus					
		6 01			Business		-		
		f. Sta							
		g. SE	RFF	Filing #	:				
		h. Sul	oject	Codes					
		- L							
3.	Group Name		•						Group NAIC #
	QBE Insurance Group								0796
4.	Company Name(s)		Don	nicile	NAIC#	FEIN	1#		State #
	Praetorian Insurance Compan	y	IL		37257	36-3	3030511		
	Redland Insurance Company		NJ		37303	42-1	113749		-
	QBE Insurance Corporation		PA		39217	22-2	311816		
		·		,					
			_						
5.	Company Tracking Number			08-1	L 70-00 3	3-GL-A	R-R		
5. Company Tracking Number 08-170-003-GL-AR-R									
0	test lefe of Filodo) on Occasion	Off:(-)	F!	. 11 4 . 11	£				
	tact Info of Filer(s) or Corporate				-free numb		V #		o-mail
Con 6.	Name and address	Title		Telep	hone #s	FA		Chris	e-mail
	Name and address Christopher Montemurro	Title Compliar		Telep		(212)	X # 790-		topher.montemur
	Name and address Christopher Montemurro Wall Street Plaza	Title Compliar Analyst	nce	Telep	hone #s	FA			
	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street	Title Compliar	nce	Telep	hone #s	(212)			topher.montemur
	Name and address Christopher Montemurro Wall Street Plaza	Title Compliar Analyst	nce	Telep	hone #s	(212)			topher.montemur
	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street	Title Compliar Analyst	nce	Telep	hone #s	(212)			topher.montemur
	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street	Title Compliar Analyst	nce	Telep	hone #s	(212)			topher.montemur
	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street	Title Compliar Analyst	nce	Telep	hone #s	(212) 9806	790-		topher.montemur
6.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005	Title Compliar Analyst Assistant	nce	Telep 212-49	hone #s	(212) 9806			topher.montemur
7. 8.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorize	Title Compliar Analyst Assistant	nce t	Telep 212-49 Christ	hone #s 17-9642	(212) 9806	790-		topher.montemur
7. 8. Fili	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorized ng information (see General In	Title Compliar Analyst Assistant	t s for e	Telep 212-49 Christ	hone #s 7-9642 when hone opher Mor	(212) 9806 Montentemurro	790-		topher.montemur
7. 8. Filli 9.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorize ng information (see General In	Title Compliar Analyst Assistant	t s for e	Telep 212-49 Christ descript her Liab	none #s 7-9642 opher Mor ions of the bility – Cla	(212) 9806 Montentemurro	790-		topher.montemur
7. 8. Fili	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorized ng information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code	Title Compliar Analyst Assistant ed filer estructions -TOI) (s)(if	s for o	Telep 212-49 Christ	none #s 7-9642 opher Mor ions of the bility – Cla	(212) 9806 Montentemurro	790-		topher.montemur
7. 8. Filii 9. 10.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorized ng information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req	Title Compliar Analyst Assistant ed filer estructions -TOI) (s)(if uirements]	s for o	Telep 212-49 Christ descript her Liab	none #s 7-9642 opher Mor ions of the bility – Cla	(212) 9806 Montentemurro	790-		topher.montemur
7. 8. Filli 9. 10. 11.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorized In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Mark	Title Compliar Analyst Assistant ed filer estructions -TOI) (s)(if uirements]	for o	Christodescriptoner - EP	hone #s 7-9642 opher Mor ions of the bility – Cla	(212) 9806 Montantemurro ese fields ims Made	790-	<u>ro@c</u>	topher.montemur qbeamericas.com
7. 8. Filii 9. 10.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorized ng information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req	Title Compliar Analyst Assistant ed filer estructions -TOI) (s)(if uirements]	s for o	Christ descript her Liab her - EP	hone #s 7-9642 opher Morions of the billity – Cla	(212) 9806 Monte ntemurro ese fields ims Made	790-	ro@d	topher.montemur qbeamericas.com
7. 8. Filli 9. 10. 11.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorized In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Mark	Title Compliar Analyst Assistant ed filer estructions -TOI) (s)(if uirements]	s for e	Christedescripte her - EP	none #s 7-9642 opher Morions of the billity – Cla	(212) 9806 Monte ntemurro ese fields ims Made	790-	ro@d	Rules
7. 8. Filli 9. 10. 11.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorized In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Mark	Title Compliar Analyst Assistant ed filer estructions -TOI) (s)(if uirements]	s for e	Christedescripte her - EP	hone #s 7-9642 opher Morions of the billity – Cla	(212) 9806 Monte ntemurro ese fields ims Made	790-	ro@d	Rules
7. 8. Filli 9. 10. 11.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorized ng information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Man	Title Compliar Analyst Assistant ed filer estructions -TOI) (s)(if uirements]	for o	Christed descripted her - EP	phone #s 7-9642 opher Morions of the bility – Cla	(212) 9806 Montantemurro ese fields ims Made	790-	Rates/	Rules
7. 8. Filli 9. 10. 11.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorized In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Mark	Title Compliar Analyst Assistant ed filer estructions -TOI) (s)(if uirements]	for o	Christed descripted her - EP	none #s 7-9642 opher Morions of the billity – Cla	(212) 9806 Montantemurro ese fields ims Made	790-	Rates/	Registration (Rules orms
7. 8. Filli 9. 10. 11. 12.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorized ing information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Mart Filling Type	Title Compliar Analyst Assistant ed filer estructions -TOI) (s)(if uirements] keting title)	for o	Christ descript her Liab her - EP Rate/L Forms Withdo	hone #s 7-9642 opher Morions of the bility – Cla	(212) 9806 Montantemurro ese fields ims Made [] Rule bination other (gi	790-	Rates/	Registration (Rules orms
7. 8. Filli 9. 10. 11. 12. 13.	Name and address Christopher Montemurro Wall Street Plaza 88 Pine Street New York, NY 10005 Signature of authorized filer Please print name of authorized ing information (see General Integration (see General Integration) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Req-Company Program Title (Mantematical Filing Type Effective Date(s) Requested Reference Filing?	Title Compliar Analyst Assistant ed filer estructions -TOI) (s)(if uirements] keting title)	for o	Christ descript her Liab her - EP Rate/L Forms Withdo	hone #s 7-9642 opher Morions of the bility – Cla	(212) 9806 Montantemurro ese fields ims Made [] Rule bination other (gi	790-	Rates/	Registration (Rules orms

19.	Status of filing in domicile	[] Not Filed [x] Pending [] Authorized [] Disapproved

PC TD-1 pg 1 of 2

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company tracking # 08-170-003-GL-AR-R

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

08-170-003-GL-AR-R

In an effort to further address the needs of our Policyholders, QBE has developed an Employment Practices Liability program for small commercial businesses with 50 or fewer employees. This program provides broad coverage, as well as web-based loss prevention, experienced EPL claims handling and access to specialized EPL legal representation.

Portfolio EPL is designed to protect small commercial businesses with 50 employees or fewer for liability damages and defense costs due to claims brought by full-time, part-time, seasonal or temporary employees who allege employment discrimination, wrongful termination, or sexual harassment. Due to the growing threat of EPL lawsuits and the fact that small commercial businesses are not generally protected from these types of claims, QBE has responded to the increased demand for such coverages from our policy holders and agents, and crafted a comprehensive solution that responds to numerous types of EPL claims brought against small commercial businesses. This solution is easy to administer in that no additional underwriting information needs to be collected from the insured. If an insured fits the eligibility criteria, the coverage is offered as part of their policy.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: ELECTRONIC FUNDS TRANSFER

Amount: \$100.00 GENERAL RATE/RULE INITIAL FILING FEE

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required other state specific forms, etc.)

PC TD-1 pg 2 of 2

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate &

Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.) (Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.) This filing transmittal is part of Company tracking # 08-170-003-GL-AR-R This filing corresponds to form filing number 08-170-003-GL-AR-F

2.	(Comp	any tracking ni	umber of for	m filing, if ap	oplicable)			
		Rate Increa	ise l	□ Rate	Decrease	X	Rate Neutr	al (0%)
3.	3. Filing Method (Prior Approval, File & Use, Flex Band, etc.) On Approval							
4a.			Ra	te Change b	y Company (As			
	Company Overall % Overall Written # of Written Maximum Minimum						Minimum	
Na	me	Indicated	% Rate	premium	policyholders	premium	%	% Change
		Change	Impact	change	affected	for this	Change	(where
		(when		for this	For this	program	(where	required)
		applicable)		program	program		required)	
QBE		n/a	n/a	n/a	n/a	n/a	n/a	n/a
Praeto	orian	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Redla	nd	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4b.		R	ate Change	by Compa	ny (As Accepte	d) For State	Use Only	and the same
	pany me	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected For this program	Written	Maximum % Change	Minimum % Change
	-	E Overell I	Data Infano		minto for Militim	1. 0	- Cilinga entri	

	5. Overall Rate Information (Complete for Multiple Company Filings only)					
		COMPANY USE	STATE USE			
5a	Overall percentage rate indication (when applicable)	N/A				
5b	Overall percentage rate impact for this filing	N/A				
5c	Effect of Rate Filing – Written premium change for this program	N/A				
5d	Effect of Rate Filing – Number of policyholders affected	N/A				

6.	Overall percentage of last rate revision	N/A	
7.	Effective Date of last rate revision	N/A	
Ω	Filing Method of Last filing	N/A	
0.	(Prior Approval, File & Use, Flex Band, etc.)		

9.	Rule # or Page # Submitted for Review	Replacement Or withdrawn?	Previous state filing number, if required by state
01	QBE Specialty Insurance Employment Practices Liability Pages – GL-EEPL-1 through 5	[x] New [] Replacement [] Withdrawn	

Company Tracking Number: 08-170-003-GL-AR-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability

Product Name: GL Endorsement - EPL

Project Name/Number:

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Rate and Rule	QBE SPECIALTY INSURANCE EMPLOYMENT PRACTICES LIABLITY EXCEPTION	06/24/2008	CW GL-EEPL-1 _Ed. 07-08 Implementation.p



EXCEPTION – DIVISION SIX – GENERAL LIABILITY INSURANCE SERVICES OFFICE

COMPANY EXCEPTION

The following optional coverage is available with General Liability Coverage on a package or monoline basis:

Employment Practices Liability Insurance Coverage

a. Description of Coverage

(See Coverage Form for exact description, limitations)

This claims made Coverage provides coverage for Employment Practices Liability Insurance (EPL) caused by a "wrongful act."

"Wrongful Act" means any actual or alleged:

- 1. wrongful dismissal, discharge or termination, including breach of an implied contract;
- harassment (including sexual harassment);
- 3. discrimination;
- 4. "retaliation":
- employment-related misrepresentation(s);
- **6.** employment-related libel, slander, humiliation, mental anguish, infliction of emotional distress, defamation, or invasion of privacy;
- **7.** wrongful failure to employ or promote;
- **8.** wrongful deprivation of career opportunity, wrongful demotion or negligent "employee" evaluation, including the giving of negative or defamatory statements in connection with an "employee" reference:
- 9. wrongful discipline;
- **10.** failure to grant tenure;
- **11.** failure to provide or enforce adequate or consistent corporate policies and procedures relating to any "wrongful employment act";
- 12. negligent supervision or hiring by an "insured"; and
- **13.** violation of an individual's civil rights.

See the EPL Coverage Endorsement, QBCG-0348, for a more detailed definition of "wrongful act".



EXCEPTION – DIVISION SIX – GENERAL LIABILITY INSURANCE SERVICES OFFICE

b. Eligibility

Individual insureds are eligible if:

- **1.** They employ 250 employees or fewer (insureds with 51-250 employees and/or insureds requesting limits of \$500,000 or \$1,000,000 must submit a referral application);
- 2. They are in eligible classifications; and
- 3. They are in an acceptable state.

Most policies will be eligible for this coverage.

Ineligibility

Individual insureds are not eligible if:

- 1. They employ more than 250 employees; or
- **2.** They are in one of the following classes:
 - a.) Legal Services, attorney/law offices;
 - **b.)** Employee Leasing Firms/Temporary Help Firms;
 - c.) Membership Recreation Clubs, Golf and Country Clubs;
 - **d.)** Municipalities & government entities, including townships, police & firefighters;
 - e.) Educational Services, schools & colleges

c. Coverage Limits

<u>PORTFOLIO COVERAGE</u>: Aggregate Limit of Liability of \$25,000, \$50,000, \$75,000, \$100,000 and \$250,000 for all losses combined, including defense costs. Portfolio coverage is only available for insureds with 50 employees or less.

<u>REFERRAL COVERAGE</u>: Aggregate Limits of Liability of \$100,000 and \$250,000 (for insureds with 51-250 employees) and \$500,000 and \$1,000,000 for insureds with 250 employees or less. Limits are for all losses combined, including defense costs.

d. Deductible

<u>PORTFOLIO COVERAGE</u>: Deductible options of \$5,000 for the \$25,000, \$50,000 and \$75,000 Limit, \$5,000, and \$10,000 for the \$100,000 Limit and \$10,000 and \$25,000 for the \$250,000 Limit.

REFERRAL COVERAGE: Deductible options of \$5,000, \$10,000, \$25,000, and \$50,000.



EXCEPTION – DIVISION SIX – GENERAL LIABILITY INSURANCE SERVICES OFFICE

e. Premium Determination

PORTFOLIO COVERAGE

\$100,000 Limit of Liability, \$10,000 Deductible

Multiply the per employee rate of \$41.63 by the number of full-time employee equivalents. Employees other than full-time employees should be counted as one half an employee.

\$25,000 Limit of Liability, \$5,000 Deductible

Multiply the per employee rate of \$34.38 by the number of full-time employee equivalents. Employees other than full-time employees should be counted as one half an employee.

\$50,000 Limit of Liability, \$5,000 Deductible

Multiply the per employee rate of \$47.06 by the number of full-time employee equivalents. Employees other than full-time employees should be counted as one half an employee.

\$75,000 Limit of Liability, \$5,000 Deductible

Multiply the per employee rate of \$56.11 by the number of full-time employee equivalents. Employees other than full-time employees should be counted as one half an employee.

\$100,000 Limit of Liability, \$5,000 Deductible

Multiply the per employee rate of \$61.54 by the number of full-time employee equivalents. Employees other than full-time employees should be counted as one half an employee.

\$250,000 Limit of Liability, \$10,000 Deductible

Multiply the per employee rate of \$77.83 by the number of full-time employee equivalents. Employees other than full-time employees should be counted as one half an employee.

\$250,000 Limit of Liability, \$25,000 Deductible

Multiply the per employee rate of \$66.97 by the number of full-time employee equivalents. Employees other than full-time employees should be counted as one half an employee.

This premium is not subject to further modification by the application of any other factors, including but not limited to, company deviations, IRPM factors, or expense modifications.



EXCEPTION – DIVISION SIX – GENERAL LIABILITY INSURANCE SERVICES OFFICE

REFERRAL COVERAGE

Refer to company for any Insured with 51-250 requesting a quote for limits of \$100,000 or \$250,000.

Refer to company for any insured with 250 employees or less requesting a quote for limits of \$500,000 or \$1,000,000.

Refer to company for any insured requesting a backdating of the original inception (retroactive) date by more than three years. (See rule below "Warranty and Representation Statement". For backdating of the original inception (retroactive) date by less than three years, refer to the Underwriting Guidelines.

This premium is not subject to further modification by the application of any other factors, including but not limited to, company deviations, IRPM factors, or expense modifications.

f. Applicable Forms

Attach the following forms to all policies:

- QBCG-0348 Employment Practices Liability Coverage Endorsement
- QBCG DS 26 Employment Practices Liability Insurance Coverage Endorsement Supplemental Declarations

g. Extended Reporting Period Elected

If the event of cancellation or nonrenewal, the Named Insured has the right, upon payment of an additional premium of 100% of the full annual premium applicable to this coverage, to buy the Extended Reporting Period Elected endorsement, **QBCG-0349**, which provides an extended reporting period of one (1) year following the effective date of cancellation or nonrenewal, to report claims which occurred on or after the original inception date and on or before the date of cancellation or nonrenewal.



EXCEPTION – DIVISION SIX – GENERAL LIABILITY INSURANCE SERVICES OFFICE

h. Third Party EPL Coverage

Optional coverage for allegations brought by customers, clients or vendors may be purchased for an additional premium. The additional premium will range from 15% - 30% of the EPL premium depending on the class code. (Reference table below) Attach form **QBCG-0350**.

SIC Code	Additional Premium
0100 – 1522	15%
1540 – 3999	
5000 - 5199	
7370 – 7379	
7800 – 7829	
1530,1531	30%
4000 – 4984	
5200 - 5999	
6000 - 6999	
7000 – 7369	
7380 – 7699	
7830 – 8699	
8700 – 9999	